Code (Listing on back)										
D/C Reason	Clinician	Stop Date	Start Date	Route/Dose/Frequency						
Discontinuation Peason Codes										

		If YES; [ppdforyears]				
		Do you smoke? Y/N				
		List Medicine/Food Allergy & Reaction:				
		Important Medical History:				
		[ənorqələt]				
		Primary Care Doctor:				
		[ənorqələt]				
		Primary Psychiatrist Name:				
(Clinician may fill out)						
Medication You Are Taking (Prescription, OTC, Herbals, etc.)						
		Clinic Name & Address				
,,						
V A D M H M R S A S COMMUNITY RESOURCE PHARMACY						

Rx Card: Your Important Medication Information

DATE

DATE

Discontinuation Reason Codes

ADR - Adverse Drug Reaction	AHD - Adequate Rx trial associated w/ hospital discharge	BTS - Break Through Symptoms	CD - Change Drug	DCA - D / C & add new drug	DI - Drug / Food interactions	l - Ineffective
NDH - Adequate Rx trial NOT associated w/ hospital discharge	NI - No indication	NA - Cannot obtain drug [not receiving]	PNA - Pt did not accept / take	SE - Adverse / Side Effects	WG - Weight Gain	Oth - other
Notes:						

Virginia DMHMRSAS Clinical Services Subcommittee & Community Resource Pharmacy in coordination with the State

Pharmacy, Therapeutics and Formulary Committee (9/2006mt)

BP: DATE
F B S: DATE

E M E R G E N C Y CONTACT & PHONE:

DATE / LOC. LAST HOSPITALIZATION (if known):

NAME:

ADDRESS:

LIPIDS:

WAIST CIRCUM. (IN):